ANNUAL REPORT

for the fiscal year
ending March 31, 1984

Victoria General Hospital

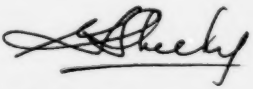
TO:

The Honourable Alan Abraham, C.D.
Lieutenant Governor of Nova Scotia

May It Please Your Honour:

I beg to present herewith the Annual Report of the Victoria General Hospital for the period of April 1, 1983 to March 31, 1984.

Your Obedient Servant,



G. Sheehy
Minister of Health

Halifax, Nova Scotia
March 1984

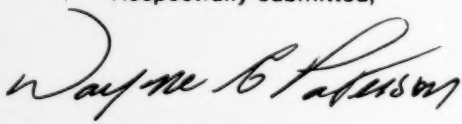
TO:

The Honourable Dr. G. Sheehy
Minister of Health
Province of Nova Scotia
Halifax, Nova Scotia

Dear Mr. Minister:

On behalf of the Board of Commissioners, it is my pleasure to submit to you the 117th Annual Report of the Victoria General Hospital covering the period April 1, 1983 to March 31, 1984.

Respectfully submitted,



Wayne C. Paterson
Chairman
Board of Commissioners
Victoria General Hospital

Mr. Wayne C. Paterson
Chairman, Board of Commissioners
Victoria General Hospital
Halifax, Nova Scotia

Dear Mr. Paterson:

I am pleased to submit the 117th Annual Report of the Victoria General Hospital for the period from April 1, 1983 to March 31, 1984.

In its role as the prime adult tertiary care hospital in the Province of Nova Scotia, the Victoria General Hospital has continued to serve the people of the province in general and the Halifax greater metropolitan area as well. It has also maintained its leadership role in health care education, clinical research and a variety of specialized medical services and procedures.

Expansion of services continued into the newly completed Dr. Robert Clark Dickson Building which houses the hospital's Ambulatory Care Centre and the Nova Scotia Cancer Treatment and Research Foundation. Hospital Departments continue to relocate in the new facility on a phased basis in ambulatory clinical areas. In addition to office and treatment areas, the building includes a 228-seat cafeteria with a capacity to serve some 2,000 meals per day.

In the field of education, we were pleased to be informed that accreditation surveys conducted during the year gave full approval to the hospital's School of Nursing and School of Radiological Technology. In addition, to meet identified provincial manpower needs, the hospital established a program in the field of Medical Ultrasound Technology in which four students completed Level I of a three-phase course.

The hospital continues work in the field of renal transplantation and has performed 69 kidney transplants during the period of this report.

Funding approval was also received from the Government of Nova Scotia to proceed with a liver transplantation program beginning with acquisition of equipment and operation of a clinical skills laboratory.

Linked with the transplantation program, the hospital has also become involved in a Canadian study to test the value of the drug Cyclosporin in the prevention of organ rejection.

On the research side of operations, the hospital became involved in Enteric laboraotry investigations which resulted in identification of isolates during three major outbreaks of Salmonellosis in the province during the year.

National focus was directed on the hospital when the Pathology Department hosted the Canadian Congress of Laboratory Medicine at which the staff made a significant contribution by presenting some 20 papers to the scientific program.

With the installation and operation of the Therac 25 MeV Linear Accelerator, radiation oncology patients have benefitted in terms of the reduction of side effects and complications while receiving added comfort during treatment.

The Department of Diagnostic Radiology was surveyed this year by the Royal College and has received full accreditation. The Department continues to perform the largest number of radiological examinations per hospital in the country.

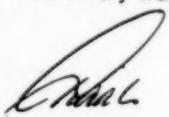
Meanwhile, computerization in many areas of the hospital's operations has been introduced during the year, resulting in increased savings in work hours invested and reduction in projected long term costs.

The physical plant facilities received a range of modifications and improvements over the period including the installation and testing of a new emergency electrical generating facility.

In summary, 1983-84 continued to build on new initiatives developed in former years, and to institute new directions in planning for the future.

As Executive Director of the Victoria General Hospital, I wish to thank the staff of the hospital whose willingness and cooperation has resulted in a most productive year of activity. I also would like to acknowledge the involvement and dedication of the Board of Commissioners whose assistance was gratefully received.

Yours very truly,



R.L. Criddle
Executive Director

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BOARD OF COMMISSIONERS

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Dr. E.V. Haldane
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Mrs. L.P. Sanders
Mr. J.D.E. Geddes
Mr. David Zive
Mr. R.L. Criddle

ADMINISTRATIVE STAFF

R.L. Criddle, Executive Director
B.J. Steele, M.D., F.R.C.S. (C), Acting Medical Director
D.M. McNaughton, C.D., B.A., M.H.A., Administrative Director
M. Grantham, R.N., M.Sc. (A), Director of Nursing
J. Magee, R.N., B.Sc.N., Director, School of Nursing
P. Reid, R.N., B.N., Director, School of Nursing
J.A. Stewart, B.Sc., P.Dt., Director, Special Services
R.A. Mulroney, P.Dt., M.Sc., Director of Dietetics
B. Shorter, M.B.A., Director Management Engineering
R.E. Buckley, B.Sc., M.B.A., Director of Personnel
W.A. Marsh, Comptroller
E.R. Ells, Manager, Accounting Services
D.G. Clarke, Coordinator, Budget and Control Services
T. Hansom, Director Cost Analysis and Restraint
J.C. Theriault, B.A., B.Comm., D.H.A., Director, Ambulatory Care
C.F. Matheson, Internal Auditor
M.T. Gillis, R.N., B.Sc., Administrative Coordinator
K. Jackson, M.D., Administrative Coordinator (Medical)
M.P. Cody, Public Relations Officer
R.H. Arthur, B.E.E., Plant Engineer
W.C. Houlihan, Coordinator, Materiel Support Services
W.D. Avery, Chief Fire and Security Officer
R. Merrett, B.Sc.Phm., M.Sc.Phm., R.P.E.B.C., Director, Pharmaceutical Services
P.H. Girard, R.S.W., M.P.A., Director, Social Work
B. Francis, R.N., Chief O.R. Supervisor
C. Nicholson, C.C.H.R.A.(C), Department Head, Medical Records
W.L. MacIntyre, Department Head, Admission and Discharge
J. Kublin, Coordinator, Health Sciences Library
R. MacLean, B.A., M.Div., Coordinator, Chaplaincy Services
D.A. MacLennan, President VGH Auxiliary

M.A. MacAulay, M.D., F.R.C.P. (C), Department Head, Pathology; Director, Division of Clinical Chemistry
J.H. Cooper, M.B., Ch.B., F.R.C. (Path), F.R.C.P. (C), Deputy Head, Department of Pathology
G.E. Bisson, F.R.C.S. (C), Director, Cytopathology
A.I. Bernardo, M.D., Associate Pathologist, Cytopathology
B.L. Sheridan, M.D., F.R.C.P. (C), Director, Hematology
K.R. Rozee, M.Sc., Ph.D., Dip. Bact., Head, Microbiology
G. Digout, B.Sc., Dip. Bact., Div. Chief Technologist, Microbiology
E.V. Haldane, M.D., F.R.C.P. (C), Director, Medical Microbiology
R.S. Faulkner, M.Sc., Ph.D., Director of Virology
R.S. Martin, B.Sc., Ph.D., Dip. Bact., Director, Public Health
P.J. Ponsford, F.I.M.L.T., A.R.T., Div. Chief Technologist, Anatomical Pathology
T. Boutilier, A.R.T., Div. Chief Technologist, Clinical Chemistry
P. Allsop, B.A., A.R.T., Div. Chief Technologist, Hematology
Z. Pinto, M.D., F.R.C.P. (C), Associate Hematologist

ADMISSION AND DISCHARGE DEPARTMENT

Inpatient admissions increased this year by one per cent to 20,715. Separations increased correspondingly by 0.9 per cent to 20,690. The average daily hospital census was 663.5 and the average daily occupancy was 83.9.

Discharge Planning and the Hostel Service were transferred on May 1, 1983 to be under the supervision of this department.

Day patients decreased by one per cent to 9,415, and the physical location of Day Patient Registration moved from the Admission and Discharge Department to the Ambulatory Care Centre.

Point Pleasant Lodge Hostel Service patients decreased by 1.1 per cent to 733.

The registration of Emergency Department patients became computerized on June 16, 1984.

AMBULATORY CARE CENTRE

The Victoria General Hospital Ambulatory Care Centre (Dr. Robert Clark Dickson Building) was officially opened by Premier John Buchanan on April 8, 1983.

Patient visits increased by 35 per cent over 1982-83.

Departments began relocating into the new facility on April 11, 1983 on a phase-in basis until the final move by the orthopaedic surgeons on February 27, 1984. An "Open House" was held on September 27, 1983, with approximately 400 visitors, staff and patients attending the tour, demonstrations, displays and exhibits.

The Ambulatory Care Committee was established, and some of the issues it dealt with included the outpatient pharmacy, consent for minors and physiotherapy/occupational therapy utilization of resources.

Much time and effort was spent with Management Engineering and Sperry representatives on the detailed design of computer applications for the Ambulatory Care Centre. Computerization will encompass all ambulatory clinical areas, as well as reception and registration. Tentative start-up has been planned for the Fall of 1984.

AMBULATORY CARE STATISTICS

	1982/83	1983/84
Cardiology	647	3,748
Cardiovascular	820	1,151
Chiropody	1,246	1,181
Colposcopy		1,074
Dermatology	2,285	5,002
Dermatology Treatment	2,870	2,987
Diabetes Education	2,517	2,928
Diabetes & Lipid	496	505
Endocrine	330	1,693
Endoscopy/G.I.		352
G.I.	240	1,307
Gynaecology	280	1,045
Hematology		242
Infectious Disease	635	918
Kidney Transplant	1,811	1,693
Medical	243	9
Medicine, General		259
Medicine, Physical		254
Nephrology	30	268
Neurology	487	976
Neurosurgery	432	386
Neurosurgery Tumor	124	79
Nutrition	2,273	2,277
Orthopaedics	10,638	11,138
Pain Management	2,190	2,225
P.O.P. (includes G.T.T.)	1,816	10
Psychobiological Medicine		33
Psychology	784	82
Respirology	166	420
Rheumatology	1,208	1,953
Rheumatology Drug Study	34	28
S.T.D.	1,646	1,381
Surgery, General	674	3,539
Surgery, Plastic	4,397	4,918
Urology	1,768	1,995
Inpatients	119	385
Totals:	43,206	58,441

AUDIO VISUAL DEPARTMENT

For the past year the department has operated the Patient Education television channel 13, apparently to general patient satisfaction. There was a significant increase in workload, as indicated below:

Statistics

Production, audio visual department

	1981-82	1982-83	1983-84
Work Requests	539	1,084	1,465
Slides	934	11,409	22,497
Patients Photographed	110	355	608
Prints	608	1,627	1,985
Overheads	960	2,492	2,856

VICTORIA GENERAL HOSPITAL AUXILIARY

In-Service Programs

More than 11,000 cups of tea, coffee or juice were served in Outpatient Clinics, Admitting or Emergency Departments. Unsolicited donations made this service self-supporting.

The Lending Library and Visiting Committees combined their services to provide better coverage to patients. Meetings were held with representatives from Volunteer Services and the Diana Bleakeney Guild to discuss combining resources in one central area in the Hospital.

Auxiliary members had a challenging year in which there were many changes and an increase in members and non-member volunteers. More than 10,000 hours were given by volunteers in the Hospital and innumerable hours in other services.

More than 4,000 floral arrangements were delivered from local florists to patients.

The Mobile Gift Cart carried candy, gifts, magazines and toilet necessities to patients confined to bed.

In the Gift Shop members act as cashiers, while others replenish and mark stock. More than 500 favours were made by members at Easter and Christmas to enhance the trays of patients.

Fund Raising Projects

Funds were raised through floral delivery and the sale of cookbooks, raffles and lottery tickets and books. The annual Christmas Sale and smaller stock sales were not as successful as in previous years.

The Beauty Salon and Barber Shop continued to give the Auxiliary a monthly stipend, although they are now under the direction of the Hospital Administration.

The Gift Shop had a financially successful year, showing a profit of approximately $60,000.

A prize is presented annually to a nursing graduate. A donation of $675 was made toward the purchase of a scale for the Kidney Dialysis Unit, and another donation was made toward the publication of the Student Year Book. Plans are underway to refurbish another solarium in the near future.

BIOMEDICAL ENGINEERING DEPARTMENT

In August of 1983, the Biomedical Engineering Department assumed responsibility for equipment management for the Insulin Pump Program. There are currently 21 insulin pumps, 7 of which are instruments that have been modified and updated from Model AS 6C to AS 6C-U100. This allows all patients on pumps to use concentrated U100 insulin.

During the 1983-1984 year, some 24 major projects were initiated by the Equipment Development Section; 19 of these were completed, along with an additional 18 from the previous two years. The most significant of these are as follows:

Some 55 transducer holders were manufactured for use in the Operating Rooms and Intensive Care Units.

A staff help alarm system was designed, constructed and installed for the Surgical Intensive Care Unit. This system allows a staff member experiencing difficulty with a patient in one of the isolation rooms to summon help without leaving the patient.

Some 24 coaxial circuit mounts and coaxial circuit fittings were manufactured for the Department of Anaesthesia. A mount and fitting are used in conjunction with coaxial (tube within a tube) tubing for administering anaesthetic gases to a patient. These devices greatly reduce hardware requirements and gas consumption by more efficiently recovering expired gases for purification and reuse.

A restrictive breathing device was manufactured for Physiotherapy for the treatment of patients with chronic obstructive pulmonary disease. This device consists of a breathing apparatus into which cylinders with various-sized orifices are placed to adjust the effort required to breathe. By exercising patients several times a day on this device, symptoms usually decrease.

Three groups of students from the Technical University of Nova Scotia completed projects for the Department as part of their project course. Equipment was designed and reports completed on: "Analog to Video Converter", "Remote Equipment Communications" and "Hyper-Hypothermia Machine Tester". With assistance from the Department, the last of these became a working test device to record the heating/cooling capacities of hyper-hypothermia machines on a standard printer. This test, which formerly required two hours of a technologist's time, is now performed automatically in about five minutes and is done every time one of these machines is serviced.

In routine maintenance and repair, the Department performed 1,717 repairs, 1,666 routine safety and performance inspections and 586 inspections of new instruments and equipment during the year. This represented approximately an 8 per cent increase in activity levels over the previous year.

CHAPLAINCY SERVICES

The Chaplaincy Services Department is composed of chaplains from four major Christian denominations: Roman Catholic, Anglican, United Church of Canada and Baptist.

Approximately 80 per cent of the patient population is served by these four denominations. Of the remaining 20 per cent, many are served by several associate chaplains. These are persons officially designated by their denominations as hospital workers.

One of our four chaplains is an acting supervisor with the Canadian Association of Pastoral Education. In cooperation with the Hospital, he has conducted a three-month program in Clinical Pastoral Education for six students.

Chaplaincy cooperated with Special Services in the evaluation and report on pastoral care in the Victoria General Hospital in 1983.

DEPARTMENT OF DIETETICS

Scientific

Nutritional Care Plans were completed during the past year, setting standards of care for eight categories of patients.

A pamphlet called "Your Nutrition Notebook" was found to be very popular as a teaching tool for patients requiring high protein, high energy diets.

A special project has been carried out involving a taste tray for cancer patients. The patient is encouraged to choose those items he/she can best tolerate.

Administrative

The Ambulatory Care Centre Cafeteria on the fifth floor of the Dr. Robert Clark Dickson Centre, now called the "Weatherwatch", opened in August, 1983. This 228-seat cafeteria serves 2,000 meals per day.

Five departmental tours were requested and given in addition to orientation tours for new employees and dietetic interns. Contract training was arranged for four students from the Nova Scotia Institute of Technology.

The Dietary Department placed second in an accident prevention challenge among seven Halifax/Dartmouth hospitals.

Sanitation and safety were routine topics of several inservice sessions given to dietary employees. Two ongoing issues in the area of safety include footwear for dietary employees and sound levels in the dishroom/potroom area.

A new food waste disposal system, called the "Ecola" system, was installed in the dishwashing area. This system compacts garbage by shredding it and removing the water.

More variety in menu items has been introduced for patients on special diets. The testing of new and old recipes has resulted in better standardization of prepared products and the introduction of new menu items to patients and staff.

Nutrition Days became Nutrition Month in 1983 to correspond with the trend of theme of the national Canadian Dietetic Association program. Our main focus was the cafeterias, with the theme "Food Facts and Fallacies".

In the clinical area of patient food service, tray wastage studies and cost of patient nourishment studies were conducted throughout the year. Corrective actions in tray wastage were taken where applicable. Results of the nourishment survey were positive, both from the patient acceptance and cost points of view, using national standards as the indicator.

Departmental Statistics

Customers Served in Cafeterias	1,727,228
Customers Served (patients)	801,054
Total Customers Served	2,528,282
Inpatient Dietitian Referrals	3,497
Clients Seen, Diabetes Education Center	2,188
Clients Seen, Nutrition Clinic	2,306

EMERGENCY DEPARTMENT

The following is a summary of departmental activities during the past year:

Patients treated	41,123 (2.8 per cent)
Patients admitted to V.G.H.	6,204 (15 per cent of those treated) (6.6 per cent)
Patients triaged for admission to other hospitals	766 (12.3 per cent) of total admissions
Total patients admitted to hospital	6,970 (16.9 per cent) of patients seen

This indicates an overall decrease of 3.7 per cent due to a 14.5 per cent decrease in patients triaged to Camp Hill Hospital.

Ambulance calls totalled 4,312 (emergency calls, 2,955; transfer calls, 1,357. This indicates a decrease of 25.8 per cent from last year.

A telecopier was installed in May, 1983, joining Clinical Chemistry and Emergency to facilitate a reporting system from the lab. The telecopier was rented on a three-month trial basis for evaluation, then on an extended rental basis for the remainder of the year. It was found that verification of the reports and the filing of them with the charts were advantages but were not sufficiently cost effective to justify having the equipment.

Computerized registration of Emergency patients took place in June. A new Emergency chart designed by Emergency Department staff replaced the old form.

Military anti-shock trousers are in use by the ambulance driver attendants and emergency room physicians. An Entonox (NO and O) system for analgesia is being used in selective cases.

Staff turnover of R.N.s amounted to 10 per cent. There was a 14 per cent turnover of emergency room Physicians, less than last year.

R.N. staff from the Emergency Department instructed R.N. staff of the Grace Maternity Hospital in initiating intravenous therapy.

Assistance for sexually assaulted women was initiated by Help Line Volunteers and Emergency Department staff.

The Department is caring for adult vi tims of cystic fibrosis with the help of the Department of Respiratory Medicine.

DEPARTMENT OF GYNECOLOGY

Scientific Information

Staff and residents participated in workshops and courses for general practitioners and specialists in the Maritimes, and also in various national and international meetings. The usual range of teaching activities was maintained.

Two major events affected the department in 1983:

1. All ambulatory care services were moved to the Dickson Building and clinics in Colposcopy and Gynecology were established.

2. The Department was separated into two divisions: the Division of General Gynecology and the Division of Gynecologic Oncology. This move has improved the capability of providing emergency and tertiary care for General Gynecology. It also has allowed the Division of Gynecologic Oncology to integrate whole patient care and significantly improve the team approach to serving the oncology patient.

In all areas, except emergency admissions, there has been a significant increase in patient days, outpatient and inpatient operating room procedures.

Department of Gynecology Statistics,
Calendar Year 1983
(GYN Surgeons Performing Procedures)

	Ward	Private	Total	Total 1982
Abdominals — Major				
Abdominal Hysterectomy	10	60	70	59
Abdominal Hysterectomy & bilateral Salpingo-ophorectomy	30	75	105	105
Abdominal Hysterectomy & unilateral Salpingo-ophorectomy	6	22	28	21
Hysteromyomectomy	—	3	3	9
Hysterotomy	—	—	—	—
Subtotal Hysterectomy with or without Salpingo-ophorectomy	1	—	1	3
Incision and Drainage of Pelvic Abscess (Culdotomy)	—	—	—	1
Uterine Suspension	2	6	8	22
Abdominal Urethropexy	—	—	—	—
Unilateral Salpingectomy	11	14	25	39
Bilateral Salpingectomy	1	5	6	10
Unilateral Oophorectony excluding those with hysterectomy	3	8	11	6
Bilateral Oophorectony	3	1	4	4
Partial Oophorectony (a)	7	16	23	33
Radical Hysterectomy & Node Dissection	6	4	10	5
Appendectomy, only procedure	—	1	1	3
Exploratory Laparotomy	22	25	47 (b)	17
TOTAL	102	240	342	337

**Department of Gynecology Statistics,
Calendar Year 1983
(GYN Surgeons Performing Procedures)
(Continued)**

	Ward	Private	Total	Total 1982
Vaginals — Major				
Vaginal Hysterectomy	24	170	194	209
Vaginal Hysterectomy with Anterior and Posterior Repair	4	40	44	37
Anterior and Posterior Repair without Vaginal Hysterectomy	6	33	39	20
Vaginoplasty	—	1	1	—
Simple Vulvectomy (c)	—	1	3	6
Radical Vulvectomy	2	1	3	6
Shirodkar	—	—	—	1
TOTAL	36	246	284	279
Vaginals — Minor				
Dilatation and Curettage (d)	152	95	247	241
Dilatation and Curettage and Cervical Biopsy	6	3	9	6
Dilatation and Curettage and Cold Knife conization of the cervix	20	20	40	48
Biopsy of External Female Genital Organ	5	4	9	12
Colpotomy	1	1	2	1
Bartholin's Gland — Incision and Drainage (e)	3	3	6	12
Excision of Bartholin's Gland	1	1	2	3
Cesium Insertion	59	56	115	87
Culdocentesis	21	5	26	9
Pelvic Examination under Anaesthesia	183	128	311	243

**Department of Gynecology Statistics,
Calendar Year 1983
(GYN Surgeons Performing Procedures)
(Continued)**

	Ward	Private	Total	Total 1982
Tubal ligation — Vaginal, Abdominal and Coagulation	15	54	69	84
TOTAL	466	370	836	746
Private outpatient tubal ligation and coagulation	—	—	239	317
Ectopic Pregnancy				
Tubal	14	6	20	32
Abdominal	—	—	—	—
Ovarian	1	—	1	—
Intralignamentous	—	—	—	—
Cornual	—	—	—	—
Combined ectopic (extra-uterine and intrauterine)	1	—	1	—
Other	—	—	—	—
Unspecified site	2	—	2	3
TOTAL	18	6	24	35
Cases of Inflammatory Disease of Parametrium and Pelvic Peritoneum Acute and/or Chronic	59	50	109	106

(a) Including ovarian cystectomy.
(b) Started coding staging laparotomies in 1983, previously excluded when exploration incidental to further intra-abdominal surgery.

(c) Unilateral and bilateral.
(d) Excludes those with cervical biopsy or cold knife conization of cervix.
(e) Including marsupialization.

HEALTH SCIENCE SCHOOLS

The Health Sciences Library moved to the Dr. Robert Clark Dickson Building in May, 1983.

The new quarters have attracted a wider audience; some departments have requested the integration of their book or journal collections with the main library collection. Departments have requested partial integration include: Microbiology, Social Sciences, Surgery, Dietary and Diagnostic Radiology. In addition, with integration of the various schools (Respiratory Technology, Nursing, Radiography, Nuclear Medicine and Ultrasonography) in the Health Science Schools Division, the School of Nursing Library has become a Health Science Schools Library.

Administrative

The Health Sciences Library and departments received and catalogued 26 per cent fewer books this fiscal year. Some rationalization of subscriptions has been accomplished by departments allowing the Health Sciences Library to receive and route their subscriptions to them.

Information Services

	1982/83	1983/84	Percentage Increase
Information Requests	635	1,515	139%
Reference Requests	24	258	975%
Computer Literature Searches	196	291	48%

Scientific

During the past year, centralization of the hospital's educational activities began with the consolidation of the Nursing and Allied Health Schools under the new Department of Health Science Schools. Broad principles guided the reorganization, including: centralization of physical facilities, sharing of resources and expertise, and standardization of educational criteria and programming.

Accreditation surveys of the Schools of Nursing, Radiological Technology and Nuclear Medicine Technology were conducted in the fall of 1983. The Schools of Nursing and Radiological Technology were both awarded full approval, while conditional approval was granted to the School of Nuclear Medicine Technology.

Administrative

An expansion of services to all students in the Health Science Schools began this year. Recruitment, registration, living accommodations, financial and personal counselling, as well as career counselling are examples of services now centralized and standardized by Student Services.

To meet identified provincial manpower needs in the field of Diagnostic Medical Ultrasound Technology, the Victoria General Hospital agreed to develop and coordinate a program in this discipline with clinical teaching assistance by the Halifax Infirmary, Grace Maternity and Izaak Walton Killam hospitals. The first four hospital-sponsored students completed the level I course in March, 1984.

Following the opening of the Ambulatory Care Building and the subsequent transfer of outpatient services from the Nurses' Residence, a reorganization of teaching facilities was undertaken.

All books, audio-visual equipment, software and models for use by a faculty and students within the Health Science Schools were amalgamated and placed in the School of Nursing's library and anatomy and physiology lab.

Three additional teaching staff were added to the Allied Health Schools, and the School of Nursing initiated a part-time staffing pattern to ensure adequate instruction during peak clinical rotations.

Student Statistics

School	Class of 1983 No. Graduated	Attrition Rate	Pass Rate	Class of 1984 Applications Received	No. Admitted
Nursing	128	14.9%	93.0%	451	150
Radiological Technololgy	6	45.0%	83.3%	28	9
Nuclear Medicine	4	0	75.0%	Not Available	4
Respiratory Technology	9	40.1%	100.0%	Not Available	17
Cytotechnology	1	33.3%	100.0%	Not Available	7

DEPARTMENT OF MANAGEMENT ENGINEERING

Following the Department's formation and consolidation in 1982/83, this year marked a significant expansion in the Department's role. In addition to its general consulting role, which accounted for 15 per cent of total workload, a staff of six persons completed 46 projects in management science, industrial engineering and data processing disciplines.

Key points of operation in 1983/84 included:

1. conclusion of the rationalization of photocopier services, resulting in recurring annual savings exceeding $68,000;

2. establishment of a high-level Computer Systems Advisory Committee integrating both medical and administrative staff;

3. establishment of a knowledgeable statistical consulting skill-base;

4. acquisition of the Hospital's first large-scale computer system, a Sperry 1100 machine with 250 terminals planned for 17 patient administration applications over a 2 1/2-year period;

5. design of computer-based support systems for Ambulatory Care;

6. commencement of a Hospital-wide systems education program for supervisors and managers covering structured analysis and computer concepts;

7. improvements to the patient-handling capacity of the Occupational Therapy Unit through work-flow and process re-design; and

8. major procedural improvements to the Hospital's Establishment Control procedures in the Personnel Department.

By the end of the fiscal year, recruitment planning for the Department's technical support staff for running its large-scale computer project had been finalized; a staff of nine programming consultants from the Sperry Corporation had been brought on stream; a unit costing study on radiology procedures had been initiated; and systems support to the MEDICUS Nurse Staffing Methodology was at an advanced stage of completion.

MATERIEL SUPPORT SERVICES

Administration

Continuation of the Cost Containment Program with the Hospital had a stabilizing effect on the volume of work produced by Materiel Support.

All elements of Materiel Support operated within budget limitations except in the laundry, where inventory shrinkage occurred.

Stocktaking

Stocktaking of all inventories under control of Materiel Support was completed, reflecting a net surplus of $7,175.38. This figure represents an error factor of 0.39 per cent based on the value of inventory held at the end of the fiscal year, or 0.09 per cent of the value of inventory processed throughout the year.

Inventory Control

The total amount spent to procure equipment and supplies was $24,460,600, reflecting no change from the previous year.

The number of line items held in inventory decreased from 4,263 to 4,012.

The value of inventory decreased by 0.09 per cent to $2,360,806.65 as a result of cost containment.

The availability of items remained constant.

Stores

In April, 1983, responsibility for Maintenance Stores was transferred to Plant Engineering.

Printing and Duplicating

Satellite copiers were located throughout the hospital complex, providing a faster service to user departments and reducing the workload on the main Print Shop.

Porter Escort Service

A specialized program has been established and is progressing favourably in training all personnel in their day-to-day activities.

Laundry

Total production for the fiscal year 1983-1984 was 4,208,123 pounds.

MEDICAL RECORDS DEPARTMENT

During the 1983/84 fiscal year, the Medical Records Department received and processed the records of the following:

Inpatients	20,690
Outpatients	58,363
Day Patients	14,021
Emergency Patients	40,846
TOTAL	133,920

The records of patients were requisitioned and sent to the following areas:

Inpatients	7,378
Outpatients (ACC)	61,272
Tumor Clinic (Cancer Foundation)	889
Emergency	7,254
Doctors' Offices (in VGH)	1,953
Other	1,071
TOTAL	79,817

There were 4,807 requests (by mail, by phone or in person) for patient information.

Discharge summaries and operative reports were transcribed, copied, mailed and filed:

	Reports	Units
Discharge Summaries	19,057	134,879
Operative Reports	10,970	39,874

ACC Letters to referring doctors and ACC chart notes were transcribed, copied, mailed and filed:

	Reports
Letters	10,000
Notes	20,000

Seventy-seven research projects involving 14,400 records were completed and 60 requests for statistical information were processed.

Five patient care appraisals were carried out at the request of the Clinical Appraisal Committee.

Six records were produced on court order, and there were four search warrants served.

Word Processing

The inpatient and ACC transcription services were combined. Seven word processors and three printers were purchased. Staff were trained and the system implemented successfully.

Training Program for Medical Stenographers

Due to the chronic shortage of adequately trained medical stenographers, a three-month training program was begun. There were four graduates, three of whom were hired by the Hospital as medical stenographers.

PAS + (electronic data abstracting)

The hardware and software were installed in September, 1983 and staff were trained in October, 1983. The first month of data (2,500 abstracts) was input with only one error. A two month backlog was caught up by March 31, 1983, and two HSB positions deleted for purposes of routine data collection.

HMIS Project (Central Patient Index) (CPI) and Patient Registration (PR Module)

The Department Head acted as chairman of the Analysis Team, which was set up to develop the functional specifications for the Module. Specifications were finalized in March, 1984.

Signed Discharge Summary

The Medical Records Committee decided that all discharge summaries must be signed prior to mailing. A trial system was set up with Cardiology and will gradually be implemented throughout the Hospital.

DEPARTMENT OF MEDICINE

The opening of the Dr. Robert Clark Dickson Ambulatory Care Centre provided the opportunity to improve both the quality and quantity of ambulatory consultative and diagnostic procedures.

The end of the year under review witnessed the installation of a custom-designed Hyperbaric Chamber, which will soon be available to treat a variety of medical problems in addition to its capability of dealing with offshore diving accidents. The number of elderly patients admitted continues to increase, with patients over age 65 accounting for 54 per cent of admissions from the Halifax region. Planning is well underway to establish programs that focus on the

optimal care of patients in the geriatric age group, together with patients who have strokes and those with alcohol-related illnesses.

General Medicine

The activities of the General Medicine Service were rationalized by consolidating all beds to a single floor, by reducing the total number of beds allocated to the service and by strengthening the consultative program.

Cardiology

This is the largest service within the Department of Medicine, providing the major facility for sophisticated investigation of patients with heart disease from all the Atlantic Provinces. The echocardiography, exercise, electrocardiography, ambulatory monitoring, nuclearcardiology and electrophysiological laboratories have all experienced a significant increase in workload.

Gastroenterology

The new facilities within the Ambulatory Care Centre allowed all gastrointestinal and respiratory endoscopy procedures to be consolidated into a single unit, with a consequent increase in workload.

Infectious Disease

This service provides consultations to all hospitals in the metropolitan region, and the demand on staff services continues to increase.

Nephrology

The main thrust of the service is toward the management of patients with endstage kidney failure. The hospital-based kidney dialysis program continues; in addition, 16 patients were trained for home dialysis and 8 patients were placed on the chronic ambulatory peritoneal dialysis program. The service was involved, with the other components of the transplantation team, in 76 kidney transplantations.

Neurology

New equipment was obtained for the Electromyographic and Electroencephalographic Units to upgrade the capabilities of these units and cope with the increasing workload.

Respirology

Improved care of children with cystic fibrosis has allowed more of them to reach the adult age group. The Respirology Service has now accepted responsibility for the care of these adult patients. The home oxygen program is expanding, and the demands on the Pulmonary Function Unit and Respiratory Technology Service continue to increase. Planning is well underway to utilize the Hyperbaric Medicine for both patient service and relevant clinical research.

Rheumatology

The acquisition of new staff members during the previous year allowed a significant increase in the number of patients investigated and treated, together with more effective utilization of the beds allocated to this service. There was a significant increase in patient referrals to the ambulatory care program.

Hematology

The major emphasis of this service during the past year was directed toward improvement in the educational program and in the development (in association with the nursing staff) of standardized treatment protocols for patients with hematologic malignancies. Plans are underway to improve the coordination of activities between this service and the Nova Scotia Cancer Research and Treatment Foundation.

Dermatology

New facilities, available within the Dr. Robert Clark Dickson Centre allowed many patients, previously requiring hospital admission, to be treated on an ambulatory basis. Approximately 15-20 patients receive outpatient treatment each day.

Members of the service were involved in the establishment in Halifax of the first chapter of the Canadian Psoriasis Foundation.

MICROBIOLOGY

There was a decrease in the total number of specimens this year, which can be almost entirely accounted for by the elimination of routine admission VDRL tests on patients. When these are eliminated, the total actually changes by less than 0.2 per cent. Even without these high-volume non-labour intensive tests, the total work-units have actually increased by two per cent, reflecting greater concentration on some of the more sophisticated and complex diagnostic procedures. Evaluation of specimens continues, including educating submitting physicians both in the most suitable types of specimens and in methods of transport.

All Sections continued to participate in a number of quality control surveys from outside sources, in addition to many in-house control programs. The college of American Pathologists (CAP) surveys undertaken during 1982/83 included the Comprehensive Microbilology Survey and separate special programs in Immunology, Virology, and Infectious Disease. There was participation in the Basic Microbiology Survey of CAP, which is distributed to all hospital microbiology laboratories in Nova Scotia under the aegis of the Department of Health. In addition, quality control surveys, especially in Immunology, Virology and Clinical Bacteriology, continue to be distributed across Canada by the Laboratory Centre for Disease Control (LCDC) in Ottawa, and the Department's standard of performance in completing them continues at a high level.

In May, 1983, the Royal College of Physicians surveyed the Department with regard to its Specialty Training Program in Medical Microbiology. The Department achieved a very satisfactory rating and full approval of its Program.

All staff participate in clinical and laboratory research projects, but participation is of necessity limited by the volume of service demands, which must receive first priority. However, staff continue to be active in presenting their results at a number of national and international meetings, serving on several national and provincial health-oriented committees, and publishing papers, as first or joint authors, in a number of medical and scientific journals. The Department has also benefitted from the visits of several eminent microbiologists and infectious disease physicians from other parts of Canada, the United States and overseas.

Section of clinical bacteriology

Major changes in the Clinical Bacteriology Section came with the introduction and establishment of automated methodology for routine identification and sensitivity testing of aerobic bacteria, involving major adjustment in work-flow patterns for both individual technologists and specimen-handling staff in general.

After preliminary testing, the automated computerized Sensititre equipment was put into use for sensitivity testing in August, 1983, and for routine bacterial identification in December, 1983. Subsequent experience has shown that the two machines currently in use are insufficient to absorb the high volume of work in this laboratory.

This year the Department modified identification procedures for *Escherichia coli*, enabling identification to be made within four hours from production of growth. This is done using colony morphology, together with lactose fermentation, oxidase reaction, spot indole and four-hour B-glucuronidase tests.

Meningococcal serogrouping was transferred to the Enteric/Gonococcus Section this year, which has now taken over most bacterial biotyping for the entire Department. It is also planned that routine vaginal/cervical swabs for diagnosis of non-specific vaginitis soon will also be processed in the Special (formerly Gonococcus) Laboratory. The accepted laboratory test for such specimens is now examination of smears for "clue cells"; routine cultures will no longer be performed.

CLINICAL BACTERIOLOGY TESTS

	1982/83	1983/84	Percentage
Total Specimens	67,105	68,618	+ 2.3
Total Units	2,377,876	2,431,177	+ 2.3

	1982/83	1983/84	% Increase/ Decrease
Blood Cultures	11,241	11,806	+ 5.0
EENT Cultures	4,684	5,616	+ 20.0
Urine Cultures	26,426	27,439	+ 3.8
Sputum Cultures	1,992a	4,118	—
Sputum Smears	509a	894	—
CSF Cultures	869	778	-11.7
Anaerobic Cultures	3,076	3,383	+ 10.0
Miscellaneous Aerobic Cultures	14,225	12,242	-14.0
Miscellaneous Other b	19,005	24,096	+ 26.7
Total Tests	82,027	90,372	+ 10.2

a Taken over in September, 1982.

b Includes burn biopsies, *Leptospira* cultures, special stains, agglutinations, antibiotic synergy tests, CSF biochemistry, antibiotic MICs and MBCs and *Clostridium difficile* filtrates for toxicity testing.

Section of Clinical Immunology

One notable change in services and operations occurred with the transfer of the Rubella hemagglutination-inhibition (HI) test from Virology to Immunology. With the Rubella screening (single radial hemolysis, SRH) method in service for a year now, the addition of the Rubella HI test has provided a more effective operation in Rubella Immunity testing.

One other notable change concerned the introduction of an Apple 2E computer (equipped with two disc drives and a printer) into Immunology. This is an investment well-taken by the Department. To the technologists, the computer is a challenge well accepted. The computer has been given a vigorous trial for specimen entry, making labels, generating work sheets for tests, providing monthly reports on tests and units as well as for result recording. A decision was made in January, 1984, to formally adopt the computer

as the routine entry system and for other usages except result recording. Linking the computer to the hard disc housed in Clinical Bacteriology allows specimen data to be stored at three-month intervals.

A decision was made to discontinue syphilis screening on all general hospital admissions. This resulted in a substantial decline in the number of RST specimens. Routine Hepatitis A antibody testing service was also discontinued. Any such request has since been scrutinized and the specimen referred to the Hepatitis Section of LCDC, Ottawa.

The Division took part in two different studies at the requests of the federal and provincial government departments, respectively. Together with the staffs of three other hospital laboratories in the country, staff carried out an interlaboratory study in which an identical series of coded sera were tested by the SRH technique for the presence of anti-rubella antibodies. This differed from the regular performance survey in that reagents from LCDC were to be included as part of the study. The other study was undertaken on behalf of the Nova Scotia Department of Health to assess the Hepatitis B immune status on sera taken from the children in Homes for Children in Digby and Colchester.

Some efforts have been made to evaluate a number of commercial test kits for syphilis, hepatitis B (EIA tests) and rheumatoid factors, with the view that these kits may be potentially cost-saving. The rapid latex agglutination test for rheumatoid factors from Behring has since been introduced into the laboratory, replacing the somewhat time-consuming test kit from Difco. The other kits were found to be unsatisfactory.

In keeping with departmental policy, the Division participated in CAP surveys on rheumatoid factor, infectious mononucleosis and ASO tests, as well as the LCDC surveys on syphilis and rubella testing.

Section of Enteric Bacteriology

This Section comprises the separate laboratories for Enteric Bacteriology, Parasitology and Gonoccoccal Bacteriology. The name 'Gonococcal' is going to be changed to 'Special Bacteriology', since the scope of work in this area now extends far beyond Gonococcus

only. The total workload for this Section increased from 30,693 specimens in 1982/83 to 31,244 (+1.8%) in 1983/84, representing 763,202 units compared with 876,615, an increase of 15 per cent. The discrepancy between specimen and unit increases is explained by the fact that in 1983/84 this Section had a marked increase in specimens with high technological labour-intensity, and also took over most of the biotyping for the whole Department.

In the Enteric Laboratory, the number of specimens increased by 35 per cent. There was also a 70 per cent increase in isolates of Salmonella species this year, following three major outbreaks of Salmonellosis in Nova Scotia during 1983/84. During July-August 1983, 67 *S. typhimurium* were isolated from patients in the Pictou-New Glasgow area. Plasmid analysis of these organisms showed two strains involved, one major and one minor, according to the numbers affected.

In October, during an outbreak among residents in a nursing home in the Halifax area, 18 *S. newport* were isolated. This was an unusual lactose-positive Salmonella strain, and the first such to be seen here in over 10 years. The third outbreak was in Cape Breton, and is still smouldering. Up to the end of March 1984, 52 isolates had been found: 44 *S. typhimurium*, 6 *S. infantis*, 1 *S. thompson*, and 1 *S. manhattan*. Culture for *Aeromonas hydrophila*, which was under study in 1982/83, was incorporated as a routine process for enteritis stools in December. There were 14 isolates, mostly within a short period in February-March. Eleven of the patients were known to be symptomatic with gastrointestinal upset; three were unknown.

There were two small outbreaks of infantile diarrhea due to *Enteropathogenic E. coli*. Five *E. coli* serotype 0111:K58:H2 were isolated from severely ill children referred to the Izaak Walton Killam Hospital from northern New Brunswick. This serotype has been recognized in outbreaks in other more western provinces in recent years. Four isolates were serotype 0127:K63 from a hospital nursery in Cape Breton.

In February, a new test, Hippurate-hydrolysis, was introduced for specialization of Campylobacter, another pathogen that continues to increase markedly in isolation rates (+70 per cent in 1983/84). This enables the laboratory to distinguish between *C. jejuni*, the most common and most pathogenic species, and *C. coli*.

In the Special (Gonococcus) Laboratory, 10 per cent fewer specimens were submitted for gonococcus and Trichmonas identification. The trend towards decreasing numbers of isolates in both males and females continues, as seen in the past four years. This may be partly accounted for by the rerouting of specimens from one fairly large Dartmouth clinic to the Halifax Infirmary to conform with their Pathology specimens, thus decreasing our total specimen-load. It may not therefore necessarily reflect the incidence of disease in the area. This Laboratory has taken over biotyping for the Department, including meningococcal and pneumococcal serotyping, and staphylococcal phage typing. In 1982/83 a gonococcus sensitivity survey, which is a high unit producing procedure, was introduced. This survey will be peformed at two- to three-year intervals to detect any marked changes in trends in antibiotic sensitivity levels that may occur on a long-term basis. A test for penicillinase-production is performed routinely on every gonococcus isolated; nine penicillin-resistant strains were found this year. This laboratory will shortly also take over the processing of all specimens for diagnosis of non-specific vaginitis.

The number of specimens submitted to the Parasitology Laboratory increased by 27 per cent, and isolates by 26 per cent. Two full-time and often one part-time technologists are now required to meet the demands of this work. The main increase was in the number of Protozoa identified; of particular note, *Entameba histolytica* more than doubled. This protozoan is seen almost exclusively in two subsets of the indigenous population — homosexual males and patients in hospitals for the mentally retarded. *Dientamoeba fragilis* has also been increasing and frequently appears to be associated clinically with prolonged mild abdominal discomfort and intermittent diarrhea. *Endolimax nana* and *Entamoeba coli*, also both on the increase, are non-pathogens, frequently seen in stools in association with pathogenic protozoa. *Giardia lamblia* remains unchanged and is seen fairly commonly, being particularly troublesome in the nursery-school population. The number of Helminths identified remains virtually unchanged. A new staining technique was introduced for Cryptosporidium species in stool specimens, and we are currently conducting a prevalence survey of this parasite in the homosexual population.

Section of Public Health Bacteriology

This year there was a decrease of 5.8 per cent in the number of specimens submitted for examinations. However, due to the nature of many of the specimens submitted there was actually an overall *increase* of 9.8 per cent in units produced. Tobramycin accounted for the vast majority of the requested antibiotic serum concentration levels, followed by Gentamicin.

During the year an evaluation study was carried out between the Abbott TDX and the Aime's Opitmate. After an exhaustive study it was decided that the Abbott "TDX" was the instrument most suited to our needs. This equipment has been found to be suitable for establishing all aminoglycoside levels, including Streptomycin and Kanamycin, and also for Vancomycin.

There was a drop of 40.6 per cent in the number of sensitivity tests carried out on strains of *M. tuberculosis* as a result of the decrease in the number of new positives. There was an increase of 19.7 per cent in the number of species of Mycobacteria other than *M. tuberculosis*, as follows:

M. kansasii	2
M. xenopi	6
M. marinum	1
M. avium-complex	1
MAIS complex	1
M. fortuitum	3
M. chelonei	5
M. gordonae	40
M. terrae complex	1

There was a large increase in the number of specimens submitted for Legionella identification: 320, compared with 87 in the previous year. Twelve were positive for *L. pneumophila*, Group I, by culture fluorescence and four by slide fluorescence. Two were positive for *L. dumoffii* by culture and slide fluorescence. An environmental study of the Victoria General Hospital was carried out during March. The study indicated that 34 of the 89 specimens were positive for *L. pneumophila* Group I.

There was a considerable increase in the number of miscellaneous units of work carried out in this Section over that of the previous year. Part of this increase was due to research studies relating to *L. pneumophila*.

Mycology

A 9.7 per cent increase in the number of specimens submitted for examination reflected an increase of 6.6 per cent total units over the previous year.

The largest increase was noted in bioassay of antifungal drugs (29.6 per cent), followed by skin and nail scrapings (19.4 per cent). Due to this escalation in work it was necessary to increase staff through rotation from other areas.

Sanitary bacteriology

During this year a decrease of 9.2 per cent in the number of water analyses was noted, reflecting a drop in surveillance of the provincial areas. During the year total coliform counts on swimming areas were discontinued and only fecal coliform organisms were determined. Decreases were also noted in other areas, such as sewage sampling, utensil studies and standard plate counts.

Dairy and food product specimens submitted for analysis decreased considerably (15.5 per cent). Part of the reason for this decrease is the fact that 1982/83 saw a considerable increase resulting from the outbreak of Listeriosis in the province.

Section of Virology

There was an increase of 19.2 per cent in the number of specimens received and of 4.7 per cent in the work-load (units). A major increase was noted in requests for virus and chlamydia isolation and for cytotoxicity studies of stool specimens for *C. difficile* toxin.

The overall increase of 33.4 per cent in the number of viruses and chylamydiae isolated was considerably higher than the across Canada increase (25 per cent) of laboratory confirmed infections. The number of herpes simplex virus (HSV) isolates increased from 322 to 504 (56.5 per cent), and those of *C. trachomatis* from 267 to 355 (33 per cent).

There were many interesting isolates: dual infectious with HSV and *C. trachomatis*; Parainfluenza 3 virus isolated from the ear swab of a one-year-old child with rhinorrhea and otorrhea; Coxsackie B6 virus from the cerebrospinal fluid of a 27-year-old male — the first B6 isolate from CSF in the Atlantic provinces. Influenza virus was present in the community, with a moderate demand for laboratory services; three strains were responsible for infection: Influenza A/H N, Influenza A/H N and Influenza B/Singapore.

Following the release in Canada of the Syva MicroTrak *Chlamydia trachomatis* Culture Confirmation Test kit, the section carried out comparison testing using this fluorescein conjugated monoclonal antibody in parallel with our then current iodine staining. We found the new method simple to perform, somewhat more sensitive and equally specific. Results were obtainable after 48 hours incubation, compared with 72 hours using iodine, and microscopy was less subjective. By the end of October all *C. trachomatis* cultures were carried out using MicroTrak kits. Also tested were the MicroTrak Direction Specimen kit, but it was decided not to incorporate it into the routine at this time.

Two methods of typing HSV isolates were investigated. A commercial brand of monoclonal antibody was obtained and linked biotin to the immunoglobulins, using Fluorescein Avidin D as the indicator of virus-antibody attachment. The method of staining looked promising, but the antibody was too low-titred for good results and the cross antigenicity between the type 1 and type 2 too high.

Shortly after this, good high-quality monoclonal antibody became available on a trial basis from the LCDC in Ottawa. Using this antibody at a relatively high dilution in an indirect fluorescent antibody test, clear-cut results were obtained with no cross antigenicity; this reagent and method were adopted and now is used routinely. During the next year, with the cooperation of LCDC, we plan to test the biotinavidin technique using this antisera.

New methods and kits will be evaluated as they become available, especially those offering more rapid diagnosis. The Enzo Bio-Probe System for cytomegalovirus will be tested; restriction endonuclease analysis of herpesvirus and adenovirus genomes will be taken over from the Method Development Laboratory.

Media Preparation (Laboratory)

New media facilities were completed to allow for amalgamation of the Public Health, Clinical Bacteriology and Virology media preparation areas. As well as increasing the efficiency of the media laboratory the amalgamation of three areas has freed space for research facilties for the Infectious Disease units.

The media section has been involved in several research projects that required the preparation of specialized media (e.g., liquid media for growing Legionella). As well, new media (e.g., for isolating *H. influenzae* from cystic fibrosis patients) and reagents (e.g., Beta glucuronidase as a rapid test for *E. coli*) have been introduced. With improvement in culture/identification techniques, several of these have now been incorporated into routine use.

Research and Development

The Method Development laboratory was involved in the following projects:

1. The use of plasmid profiles as an epidemiological tool was developed and employed in the study of three outbreaks of Salmonella in the province. In one study of 72 isolates 7 plasmid patterns were clearly identified, whereas plasmids were not found in the other studies. The results indicated that this methodology may prove useful in the study of outbreaks caused by Salmonellae.

2. At present the Section is evaluating a method of typing herpes simplex virus by restriction endonuclease. To date about 25 isolates have been typed, and the results agreed with the Fluorescent Antibody Technique in routine use.

3. Work is continuing on various applications of Elisa Methodology in highly specialized areas, e.g., detection of Q-fever antigens in urine and body fluids and detection of antibody in amebiasis.

DEPARTMENT OF NEUROSURGERY

Administrative

The Department continues to carry a service load of 1,564 admissions for this period of time.

Reorganization of the Neurosurgery Clinic with the Clinic Wednesday afternoons for Tumor Clinic patients and other neurosurgical problems.

A separate clinic has been organized specifically to manage those patients in Halo jackets and Minerva casts. This clinic developed out of necessity, with the early mobilization and discharge of those patients with cervical spine fractures who can be mobilized in this apparatus.

The Residency Program remains active since the reinstatement of adequate funding for positions.

Scientific

With members of the other Neurosciences, Rounds and Journal Club have remained an active part of the academic side of Departmental activities. Among the scientific activities of Department members, the paper on "Posterior Stabilization With an Interlaminar Clamp in Cervical Injuries" is of particular note. This report records a 20-year experience at the V.G. Hospital and originally designed by the late Dr. H.H. Tucker and manufactured in the Hospital Machine Shop.

NURSING DIVISION

Scientific

Nurses continue to respond to the development of new and improved programs within the Hospital. They now work with patients requiring insulin pump therapy, cystic fibrosis adults, patients requiring iron overload program, patients receiving treatment in the hyperbaric oxygen chamber; and patients undergoing new types of surgery, such as microvascular surgery, new joint replacement surgery, and preparation for liver transplant surgery.

Articles and papers were presented on: "Staff Development for Critical Care Nurses", "Caring for the Dying", The Hospital Patient Education Program and "Mouth Care Protocol for Chemotherapy Patients". Cardiac, orthopedic and neurosurgery Nurses also made presentations at national conferences.

Nursing continues to emphasize the importance of patient education. Major audio/visual programs were managed within the Hospital this past year, and pamphlets for a variety of patient illnesses were produced.

Nursing also continues to support research in its many phases. Nurses participate in a variety of medical research projects, including those focussing on new techniques and new drugs. Nursing personnel support research by nursing students, particularly those in the Masters of Nursing Program from Dalhousie University.

In addition, V.G.H. staff conducted research and prepared reports on such various topics as: "Clinical Nurse Specialist", "Primary Nursing", "Diabetic Education", and "Clinical Promotion".

Administration

This year major emphasis was on the development of a responsive patient classification system, which will identify patient-generated workload and, thus, nursing personnel requirements.

Staff turnover was low this year, and the Nursing Division was able to support full utilization of beds, including five more intensive care beds.

Despite low turnover rates, 276 new staff received orientation to the Nursing Division, 184 being Registered Nurses.

Ambulatory Care moved into its new quarters and patient visits were up by 35 per cent over previous years.

The Hospice Program supported 450 patients and their families throughout the year, and plans were completed to open a Hospice Family Room.

OCCUPATIONAL HEALTH DEPARTMENT

A "Freedom from Smoking" group was organized for staff and continues to follow the progress of those who have given up smoking.

A monthly orientation session to Allied Health and School of Nursing students assisted in preparation of a brief to the Nova

Scotia Special Committee on Occupational Health and Safety for OHNANS.

Several hospital-wide and Occupational Health Department-specific policies and information items were revised, namely the Employee Assistance Program's alcohol and drug rehabilitation booklet entitled "You and Occupational Health at the V.G.".

Clinical experience and training was provided for third-year nursing students at Dalhousie, and supervision and teaching for first-year medical students.

Services

Total visits/contacts to Occupational Health Department *decreased* by 1,098, or by 9.5 per cent. Significant *decreases* were noted in visits for accident treatment (-9.4%, immunization (-33%) (tests down 25.4 per cent and inoculations down 13 per cent), clearance to work other than food handlers (-6%), preplacement medical examinations (-9.5%) and preplacement chest x-rays (-55.3%). Changes in immunization policy explain this large decrease and also that of immunization program attendance.

Significant *increases* were noted in visits for counselling (+32%), advice/information (+14.8%), and food handlers clearance to work (+20.6%).

Little change was noted in illness visits, with skin, musculoskeletal and G.I. being the most frequent presenting problems. Employees referred to the Occupational Health Department for health assessments under the new Attendance Improvement Policy totalled 40.

In the Accident Management Program a slight increase of 3.8 per cent was noted in total accidents reported, but direct cost ratio was slightly decreased from 1:2.33 to 1:2.35.

Falls and blows were the most frequent causes of reported accidents, followed by accidental inoculations, abrasion/contusions, skin lacerations and back injuries. The highest direct cost accidents are back injuries.

Environmental hazard assessments remained constant at approximately two per month, while routine surveillance of work sites increased steadily with positive results. Increases were noted in vision and ergonometric screening and in providing safety-related information to management and outside occupational health services.

Professional Development

Mini in-service sessions were begun this year and allowed Occupational Health Department professional staff to upgrade skills and procedures at minimal cost.

DEPARTMENT OF ORAL SURGERY

Education

Thirty-two senior dental students successfully completed a two-week orientation externship in oral surgery at the Hospital.

Four practising dentists completed a one-week postgraduate course in oral surgery at the V.G.H.

Services to Patients

The total number of patients treated by the Department was 4,618, compared with 5,006 in 1982-83.

The total number of patients admitted as inpatients was 264, compared with 317 in 1982-83.

The total number of services rendered was 12,327, compared with 13,422 in 1982-83.

PATHOLOGY DEPARTMENT

Medical Scientific Activities

The academic and scientific climax of the year occurred in June, when the Department hosted the Canadian Congress of Laboratory Medicine. This large, national meeting was organized, almost entirely, by Department members and was widely hailed as an out-

standing success. Members of the Department made a significant, direct contribution to the scientific program, presenting approximately 20 papers.

Members of the Department published 70 papers in scientific journals, and made a similar number of oral presentations at various meetings.

Method Development

Within the three Divisions (Clinical Chemistry, Hematology, Anatomical Pathology), 45 new or revised methods were introduced during the year. Particular focus was placed on identirying tissue lesions by localizing specific components on and in cells with primitive appearances not easily categorized by routine microscopy.

Medical Services Workload

The laboratories continue to serve their functions as: (1) the referral laboratory for the hospitals of Nova Scotia; (2) public health laboratories for air and water pollution studies; (3) forensic analysis laboratories for the Halifax medical examiner; (4) outpatient test analysis centre for a 50-mile radius around Halifax city; and (5) clinical laboratories for the Victoria General Hospital.

WORKLOAD

Division	Procedures
Clinical Chemistry	2,685,699
Hematology	885,390
Anatomical Pathology	87,927
TOTAL	3,659,216

PERSONNEL DEPARTMENT

Staff turnover decreased by 15 per cent over the past year, while applications received increased by 29 per cent.

Special seasonal employment programs were set up with the aid of the Department of Development, while nine work-experience students were accommodated. Evaluation and exit interview forms were instituted, and it is anticipated this will help improve the

calibre of future employees, bring foward any suggestions for changes in working conditions and help with strategies and alternative courses of action to meet identified needs.

Grievances decreased over the past year, due mainly to the efforts to foster better communications between labour and management.

The Hospital made efforts to foster employee morale by forming the Staff Activities Program. This has been notably successful, with employees benefitting from increased physical activity.

Absenteism due to illness continued to run higher than expected during 1983-84 with the average number of sick days per employee at 10.68. Unfortunately, the efforts of the Attendance Improvement Committee were not successful in reducing this to the goal of 9.5 days. (Illness was high throughout the province due to severity of flu.) However, the average was lower than when the program was initiated. Efforts will continue to keep this figure as low as possible and, hopefully, reduce it.

Efforts were directed to the organization of a Retired Employees Association. The contact among retirees themselves and with the Hospital has been good. A number of retirees are also acting as volunteers for patients at the Hospital.

A new Training and Development Policy was introduced. Administrative support was provided to the Management Training and Development Committee in the establishment of a series of short courses/workshops and covered such topics as time management, report writing, public speaking and conducting meetings, as well as networking and peer support. A number of other Personnel Policies, such as Leaves as Consultants and Accreditors and Business Leave, were also introduced and implemented.

DEPARTMENT OF PHARMACEUTICAL SERVICES

Scientific

During the year a drug utilization review and continuing study of cefotaxime (CLAFORAN) were initiated. Also a number of publications and presentations resulted from the activities of Departmental staff.

Formulary Project

The ongoing review of the Victoria General Hospital Drug Formulary was continued, with several therapeutic categories being reviewed by the medical staff.

Dispensary Stocks

The introduction of preprinted requisitions in 1982/83 was extended with further improvements in stock control and efficiency.

Narcotic and Control Drug Policy

A pilot project to revise the procedures for narcotic and control drugs was carried out. Recommendations were being prepared to have the revisions implemented hospital-wide.

Educational Programs

The Department participated in residency rotations by pharmacy residents from Camp Hill Hospital and the Halifax Infirmary, in the Clinical Clerkship Program, College of Pharmacy, Dalhousie University, and in the Practical Training Program of the College of Pharmacy and the Nova Scotia Pharmaceutical Society.

SUMMARY OF ACTIVITIES

	82/83	83/84
Prescription Services — Inpatients		
Total Prescription Orders	98,384	107,671
Investigational Prescription Orders	611	691
Ward Stock Units	205,839	222,035
Prescription Services — Outpatients		
Total Prescriptions	8,493	7,645
Investigational Prescription Orders	447	730

Manufacturing		
Bulkcompounding		
Topical Solid Units	2,417	2,169
Solution Units	2,222	2,086
Semisolids	1,450	1,336
Other Units	701	868
TOTAL	6,790	6,459
Prepackaging		
Packages	22,227	20,580
Tabs/Caps	528,766	612,432
Volume Solutions	2,181	2,866
Sterile Compounding		
T.P.N. Units (a)	10,056	10,823
Other Units	3,602	4,992
TOTAL	13,658	15,815
Radiopharmacy		
Doses Prepared	6,853	7,638
Drug Information		
Drug Information Requests	1,439	1,705
Clinical Services (b)		
Patients Interviewed	20	21
Patients Monitored	515	607
Consults	913	1,038
Inservice Programs	90	61

(a) T.P.N. = Total Parenteral Nutrition
(b) Clinical Coordinator: joint appointment with Dalhousie University.

PLANT ENGINEERING DEPARTMENT

There were 14,400 work orders issued during the year, a 36.5 per cent increase over the previous year. Also, a total of 19,580,832 kilowatt hours of electrical power was used, an increase of 10.7 per cent mainly due to the increased power usage in the Dr. Robert Clark Dickson Centre. The amount of oil used for heating and process steam was 2,676,526 gallons, which is an increase of 9.5 per cent and can be attributed to more degree days. The amount of water used was 174,788 gallons, a 2.4 per cent increase over last year.

The Emergency Electrical Generating Facility was installed and tested during the year. Also, a new replacement half-ton truck was purchased.

Numerous alterations, renovations and major repairs were carried out to the physical plant. The most significant of these were:

1. replacement of 166 windows on the south side Centennial Building and plaster repairs around windows;
2. the requested replacement of Logan Columns in 11A and 11B ORs, Centennial Building;
3. the installation of the Econoline Garbage Disposal System and Pot Wash Facility on the first floor of the Victoria Building;
4. renovations to the first, second, third, ninth, tenth and eleventh floors, Nurses Residence;
5. renovations to steam supply of the cold generators in the McKenzie Building;
6. Tube cleaning and Eddie Current Tests to cold generators in the Centennial and McKenzie Buildings;
7. installation of a new water softener in the power plant;
8. installation of two freestanding air conditioners in 9-North Renal Dialysis in the Victoria Building; and
9. the demolition of the brick cottage, old boiler plant and pavilion.

DEPARTMENT OF PSYCHIATRY

Administrative

The Department of Psychiatry was involved this year in the intensive planning by university and government for Metro Halifax Psychiatry. Camp Hill-Lane is scheduled to be operational during the

fall of 1984, but there will be fewer beds available at the Nova Scotia Hospital. Changes planned for the Department of Psychiatry include:

1. setting aside approximately seven beds for accute admissions and creating a four-bed observation unit for patients requiring intensive care;

2. a more careful admission screening policy so that more tertiary care patients are admitted (with the hope that local facilities in Nova Scotia are used to a greater extent for non-tertiary care); and

3. increased specialization in 9A, focussing on such problems as (1) eating disorders, (2) neuropsychiatric problems, and (3) "suicidology".

With more acute admissions and the increased use of local facilities, such as daycare services in the Metro area and elsewhere, it is expected the average length of stay, which has been slowly rising, will decline. Structural changes may be needed to improve the efficiency of nursing observation.

In January the Psychobiological Medicine Clinic opened in the Dr. Robert Clark Dickson Centre. Other specialized outpatient services are scheduled to open soon.

Teaching, Clinical and Scientific Areas

Teaching — The very active teaching program has continued at all levels, among medical students, clinical clerks, interns, residents and nursing students. The critiques of students, interns and residents revealed a much greater degree of satisfaction with the teaching during the past two years.

Consultation — Liaison Service — There is an increasing demand from many departments in the Hospital.

Hospice — There are regular monthly meetings, ad hoc sessions with hospice nurses and in-service training in several nursing areas. There have been two out-of-town sessions under the aegis of the Victoria General Hospital Committee.

Psychiatric Emergencies — The Victoria General Hospital continues to be the major Emergency Service for the psychiatric patient. A greatly improved liaison between the Psychiatry Emergency Service and Camp Hill-Lane is planned when Camp Hill-Lane opens its full services.

Increased Use of E.C.T. — There has been a marked increase in the use of E.C.T. for uncertain reasons. There seems to be an increased admission of those with non-responding depressive illnesses, despite new anti-depressant drugs. This is one of the factors involved in an increase in the average length of stay.

Nursing Services — The nursing workload (as measured by the Saskatoon patient classification system) has increased again. There are frequently two to three patients requiring "close observation" or constant nursing care.

Social Work — Bachelor and Masters level social work students from the Maritime School of Social Work were placed in the Department in connection with a summer project focussing on research into family attitude and support systems. Affiliation with the Dartmouth Child Guidance Centre increased skills of staff in making family assessments.

Occupational Therapy — In addition to the usual responsibilities during the past year, the following were carried out: (1) clinical supervision of Occupational Therapy students; (2) supervision of recreational therapy students on fieldwork placement; (3) implementation of Micro-Tower Vocational Assessment Battery; and (4) periodic coverage of burns/plastics Occupational Therapy Program.

Statistics

Admissions to Inpatient Unit	283
Average Length of Stay	34
Consultations from Other Services	429
Consultations to Other Services	302
Number of Psychiatric Admissions from V.G. Emergency Room	30

DEPARTMENT OF PSYCHOLOGY

Administrative

There was an addition of an administrative secretary supporting the Director and three full-time psychologists, followed by the relocation and centralization of the Department in more appropriate surroundings in the Nurses Residence. The most significant positive development was the formation of the Division of Special Services, comprising Psychology and six other allied health professions.

Amidst these changes, individual clinical and consultation services increased by 50 per cent over the previous year, with major liaisons to Neurology and Neurosurgery, Psychiatry, and the Pain Management Unit, the Gynecological Oncology and Burn Units, and Occupational Health.

Close to 1,300 patients were seen in one of three group treatment programs, and over 750 Hospital staff received consultation on matters of patient management, occupational stress, and related psychological issues.

A final, substantial development occurred in January with the implementation of an Operational Quality Review of the Psychology Department. The Department has initiated a process of defining its objective and streamlining the operation to maximize effective service delivery.

DEPARTMENT OF RADIATION ONCOLOGY

Scientific

The Department of Radiation Oncology continues to carry a heavy load of clinical research affiliated with the National Cancer Institute Clinical Trials and the Children's Cancer Study Group. Additionally, several local trials have been initiated in association with drug companies.

The Medical Physics Division has been very productive and has published quite extensively on both diagnostic and therapeutic radiological research.

Administrative

Although the number of patients referred for diagnosis and treatment has not changed, the type of case has altered. It is apparent that the patients are being referred for treatment earlier and, as a result, one would expect a higher cure rate.

There has been no statistical change in the number of patients receiving interstitial or intra-cavitary radiation treatment. The number of treatments on the units has increased substantially, mainly because of altered techniques and the ability to deliver more radical treatment as a result of the installation of new equipment.

The Therac 25, a 25 MeV Linear Accelerator was installed and is working satisfactorily, benefitting patients in terms of reducing side effects and complications, and adding comfort during treatment.

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Scientific

Twenty-two academic meetings were attended by staff, 37 papers were presented at Atlantic, national and international meetings, and five papers were published in national and international journals.

A Radiology Research Foundation has been approved by Revenue Canada, and seed money for this Foundation has already been established from contributions made by radiological staff members.

Two Fellows were appointed to the Radiology Department for further training.

The Royal College completed its survey of the university Department and has given full accreditation to the Department of Diagnostic Radiology.

The Department continues to investigate and promote magnetic resonance imaging for the VGH and has received approval in principle to purchase this new technology.

The quality assurance program remains very active in its regular assessment of radiological equipment. Adjustments continue to be made for radiation protection and improved quality of imaging. The physicists assigned to the Department continue to be very active in this program.

Administrative

The Department continues to perform the largest number of radiological examinations per hospital unit in the country: 171,000 examinations were completed from January 1 to December 30, 1983, showing a decrease from 172,000 examinations last year. However, for the first six months of 1984 there has been a 4 per cent increase in the total number of examinations. There was continued growth in interventional and therapeutic radiology, with a minor increase in angioplasties, needle biopsies and therapeutic embolization.

The technical training schools have been removed from the Department of Diagnostic Radiology and are now part of the centralized school of the Allied Health Services.

During the year, approval was received for a new DSA system for the Vascular Unit. A third cardiac catheterization lab was also approved and is expected to be installed in 1985. The G.I. Lab from the Department of Medicine completed its move to the ACC, and some of the vacated space has been acquired for a patient holding area for the Vascular Unit.

The Department is proceeding to introduce a microfilming process that will allow for an extended period of image retention in the Department.

The Department of Neuroradiology has installed a new general X-ray unit, which also can perform special skull examinations.

STERILE SUPPLY SERVICE

Scientific

A staff member was appointed to the Technical Committee on Sterilization, Canadian Standards Association, and as External Consultant in Central Supply Services to the Department of Health.

A two-day seminar was conducted on infection control, organized in cooperation with the Central Services Association of Nova Scotia.

Six CSR aides are enrolled in the Central Service Technical Training Correspondence Course, sponsored by Purdue University.

Administrative

The staff complement of 50 full-time employees remained the same during the year, consisting of:

Chief Supervisor, R.N.	1
Supervisors, R.N.	2
Orthopaedic Technologist	1
Clerical	2
CSR Aides, Male and Female	44

Sterile Supply ceased production of pour bottle solutions but serviced the hospital with the disposable product during the trial period.

This Department was active in feasability studies for:

1. Pour bottle solutions
2. Disposable OR linen
3. Disposable treatment trays
4. Distribution
5. Centralization of central service functions now being performed by other departments (Cardiac, Vascular, etc.).

Summary

Sterile Dressings, Needles, Sutures, Catheters, Syringes	141,768
Solutions	121,929
Linen	688,465
Treatment Trays	166,615
Additional Trays on Loan to Other Hospitals	5
TOTAL UNITS ISSUED	1,118,782

Steam Sterilizer Loads	16,341
ETO Gas Sterilizer Loads	445
Gas Aerator	445
Gas Cylinders	44
Loads in Hot Air Oven	113
Loads in Utensil Washer	7,328
Telephone Calls for Service	45,023
Telephone Calls per day (average)	123

DEPARTMENT OF SOCIAL WORK

In September, 1983, a new director was hired, and in December, 1983, the position of co-ordinator was re-established.

The Department acquired a new Management Information System called Pro Scan, a continuous time motion feedback mechanism. This system has allowed workers to spend more time giving direct service.

The Department plans to foster a holistic approach to patient care, with more emphasis being placed on specialization and teamwork. To this end there are now in the Department identifiable specialization and a cluster assignment of units that approximate a specialization area. There are social workers specifically assigned to Gynecology/Oncology, Psychiatry, Nephrology, Cardiology-Cardiovascular Surgery and Orthopedics. Less specific assignments have been given to other services in the Hospital.

There are program areas in the Hospital that are specialized but small (e.g., cystic fibrosis) or specialized but without boundary definitions (e.g., geriatric/stroke) to which social workers have been or will be assigned.

At an administrative level, there was an effort to centralize the Department to enhance supervision, case management, peer consultation and training and to act as a balance for specialization.

The Department has re-established contact with the School of Social Work of Dalhousie, providing many field opportunities.

Areas in which service is only marginal are Emergency, Neurology, Radiation Oncology, General Medicine and Outpatients. Consideration is being given to lifestyles that *end in* health problems (e.g., lifestyles that include family violence or addictions) and that are *limited by* health problems.

In viewing Social Work as a major link to the community, much more attention will be given to connecting with community structures, both at the bureaucratic and volunteer levels.

The Department has the trusteeship of three funds, all of which are open-ended in time and will be replenished when necessary. The largest and most universal of these funds is the *Good Samaritan Fund* sponsored by the provincial chapter of the IODE. This fund is designed to respond to the immediate needs of patients or their families, but is not a replacement for social assistance. The other two funds are designated for specific patient populations but have the same purpose. The *Kidney Fund* is sponsored by the N.S. Kidney Foundation and the *Cystic Fibrosis Fund* is sponsored by the Stephen Russell Memorial Fund of the N.S. Cystic Fibrosis Foundation.

DEPARTMENT OF SURGERY

A major event was the approval by the Nova Scotia government of a liver transplantation program. The approval includes funding for new equipment and for the operation of a clinical skills laboratory. This new program strengthens the role of the Hospital in the field of organ transplantation.

A total of 69 renal transplants were performed, representing an increase over the 67 transplants performed last year. This program was a major participant in a national Canadian study to test the value of the drug cyclosporin in the prevention of organ rejection. This new drug will not only improve results in kidney transplantation but will considerably improve results with the transplantation of liver, heart and pancreas. The Division of Cardiovascular Surgery plans to develop a program of cardiac transplantation.

A new type of operation was introduced in gastrointestinal surgery to avoid the need for an ileostomy in patients who require complete removal of the large intestine. Results so far have been satisfactory.

A new proctosigmoidoscopy service was developed and opened.

Research in cardiovascular surgery was further expanded. In one of the most interesting projects, cod liver oil has been used to delay or prevent the blockage of blood vessels by atherosclerosis. This could lead to a very important application in humans.

The Division of Orthopedic Surgery organized a special skills laboratory to allow staff surgeons and residents to perfect their mastery of advanced techniques of bone repair.

A nutrition team was organized in cooperation with dietitians, nurses, pharmacists and internists to provide nutritional support to some very ill patients.

In surgical education a program was developed to record on computer the various aspects of the educational experience of fourth year medical students. An improved method of evaluation of medical students, called the Objective Structured Clinical Examination, was developed.

About 450 surgical residents in all 16 Canadian medical schools took an in-training examination sponsored by the Canadian Association of General Surgeons (and was produced in the Department).

V.O.N. LIAISON OFFICE

Administrative

The V.O.N. Liaison Officer continued to attend regular paramedical rounds on the various medical and surgical floors.

Staff meetings and seven inservices were attended at the Halifax branch of the Victorian Order of Nurses.

Orientation continued to be given to nursing students, new V.G.H. nursing staff and new V.O.N. staff members. Three Dalhousie student nurses also spent a day with the V.O.N. liaison nurse as part of the community nursing experience.

Various family-patient conferences were attended, and frequent contacts were made with clinics in the Outpatient Department.

Patient information sessions were held monthly with 4 West patients and also as part of the Gynecology-Oncology Team Education sessions.

The Medical Records Committee was contacted in regard to referrals becoming part of patient records.

The liaison nurse was involved with the project in Orthopedics to become aware of those admitted to Orthopedics who had had contact with a community nurse in the past.

VOLUNTEER SERVICES

Regular services were maintained to the satisfaction of user departments. Requests for assistance from various nursing floors and referrals from patients and Social Services were fully met.

Expanded services this year provided help in the following areas: Social Service Department, clerical duties; Ambulatory Care, backup reception and clerical aid; Heart and X-Ray clinics, comfort and support to waiting patients and family members; Cancer Guild, resource materials and clerical aid; Health Sciences Library, summer librarian and additional clerical aid; Stores Department, extra delivery aids — Psychiatry, crafts — motivation and recreation; Audio Visual, video machine help for Channel 13; Pharmacy, two pharmacy students giving aid and gaining experience; and musical entertainment on various floors during weekends.

Volunteers co-operated with the Izaak Walton Killam Hospital to petition for restraint for children in motor vehicles. They obtained 3,500 signatures at the Victoria General Hospital.

Displays were placed in shopping malls during Volunteer Week depicting volunteers at the Victoria General Hospital (Recruitment Aid).

French Exchange Students from Dalhousie University volunteered as a group during the summer months.

Cadet groups from H.M.C.S. Scotian gave valuable service to our Stores Department as their contribution to the community during their summer training.

During Christmas, volunteers cooperated with the Social Services Department, donating and collecting gifts for needy families.

Books, magazines and other diversional materials donated exceeded 7,000 items, while clothing for needy patients being discharged donated by volunteers added up to over 1,000 articles.

Follow-up of out-of-town patients on a one to one basis to offer various services numbered in excess of 700 per month.

Volunteers donated in excess of 15,000 hours service this year, and goods and services volunteered would, if calculated on minimum basis, exceed a value of $100,000.

ANALYSIS OF HOSPITAL SERVICES
APRIL 1/83 - MARCH 31/84

Service	Male	Female	Total	Total Deaths [a]	Death Rate	No. of Autopsies	Autopsy Rate	Patients Receiving Consults	Consult Rate	Total Days	Average Days Stay
Medicine	3,188	2,712	5,900	371	6.3%	143	38.5%	1,908	32.3%	74,666	12.7
Transplant	101	39	140	1	0.7%	—	—	62	44.3%	2,194	15.7
Radiotherapy Radiation Oncology	222	197	419	11	2.6%	3	27.3%	141	33.7%	5,051	12.1
Psychiatry	92	185	277	1	0.4%	1	100.0%	116	41.9%	10,342	37.4
General (Courtesy) [b] Surgery	29	63	92	1	1.1%	—	—	42	45.7%	966	10.5
Surgery A-D Incl.	1,963	2,323	4,286	185	4.3%	41	22.2%	1,049	0.2%	47,622	11.1
Surgery ICU/ Anesthesiology	25	20	45	43	95.6%	12	27.9%	26		714	15.9
Cardiovascular Surgery	793	323	1,116	54	4.8%	13	24.1%	258	23.1%	15,812	14.2
Orthopedics	1,004	902	1,906	12	0.6%	1	8.3%	338	17.7%	20,966	11.0
Plastic Surgery	405	359	764	8	1.1%	1	12.5%	128	16.8%	10,218	13.4
Urology	1,537	428	1,965	11	0.6%	1	9.1%	511	26.0%	17,979	9.2
Neurosurgery	905	598	1,503	48	3.2%	15	31.3%	466	31.0%	20,501	13.6
Oral Surgery	122	158	280	—	—	—	—	28	10.0%	1,213	4.3
Otorhinolaryngology	—	—	—	—	—	—	—	—	—	—	—
Gynecology	—	1,998	1,998	15	0.8%	—	—	305	15.3%	13,874	6.9
Newborn	—	—	—	—	—	—	—	—		—	
Grand Total	**10,386**	**10,305**	**20,691**	**761***	**3.7%**	**231**	**30.4%**	**5,378**	**25.9%**	**242,118**	**11.7**

a Of these 761 deaths, 137 deaths were within 2 days stay in hospital.
b Effective April 1, 1984, all private patients with a Courtesy/Consulting Department of Surgery staffman as attending physician are to be serviced according to subspecialty of physician. Therefore, General Courtesy Surgery now only includes Department of Surgery Staffmen with no specific subspecialty.

Prepared by: Medical Records Department
Source 1: PAS Act. Report by Service
PAS Act. Report by Service and Sex
PAS Act. Report by Service & Consultations
April 1, 1983-June 30, 1983 Discharges
Source 2: PAS + Executive Summary by Service
July 1, 1983-March 31, 1984 Discharges
Date: June 14, 1984